THE PRECEDING DOCUMENT **HAS BEEN REPHOTOGRAPHED** TO ASSURE LEGIBILITY

ТН	State File No.	Sept 1 strate Charles and september 1
ona		
tion, give its l	St., NAME instead of street and n	
·fr	If child is not yet named supplemental report, as di	
Date of bi	reb July 7, 19	
моти	ier)	
arri	e E. Nail	

1. PLACE OF BIRTH STANDARD CERTI	Registered No. //U		
County			
District or Township or Village			
City No (If birth occurred in a hospital or institution, give its NAME instead of street and n			
Ment (1) ll child is not yet named			
2. Full name of child.			
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimater in event of plural births. 4. Twin, triplet or other 6. Legitimater of birth Date of birth Day Year			
8. FATHER	14. MOTHER		
Full name Levry William Evans	Full maiden name Carrie E. Nail		
9. Residence (Usual place of abode) Claypool.	15 Residence (Usual place of abode)		
If non-resident, give place and state.	If non-resident, give place and state.		
10. Color or race	16 Color or race		
Cauc. 11. Age at last birthday. 28 (Years)	17. Age at last birthday 2.7(Xc)		
100	Presente		
12. Birthplace (city or place)	18. Birthplace (city or place)		
(State or country)	(State or country)		
13. Occupation	19. Occupation		
Nature of industry	Nature of industry		
Engueer Housewife			
20. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Were precautions siken against ophithalmia neonatorum?			
(Taken as of time of birth of child berein certified and including this child.) (b) Horn alive by (c) Stillborn	Thor deal		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 7 40			
I hereby certify that I attended the birth of this child, who was (Born abye or stillbern)			
(* When share was no attending physician)			
or midwife, then the father, householder, etc., should make this return. A stillborn of the middle a one that neither breather and			
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).		
Given name added from a supplemental report Address Muam, Man			
Month, day, year			
Registrar Filed	Registrar		
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